



BUREAU FOR BEHAVIORAL HEALTH  
350 Capitol Street, Room 350  
Charleston, WV 25301  
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**Please submit this  
completed document at  
least 1 month before your  
training date**

### REQUEST FOR CE APPROVAL

Organizer:	<input type="text"/>	Today's Date
Sponsoring Organization:	<input type="text"/>	<input type="text"/>
Email:	<input type="text"/>	
Phone:	<input type="text"/>	
Title of Workshop:	<input type="text"/>	
Presenter(s):	<input type="text"/>	Along with this form please submit the following: <b>1. Agenda with specific times including breaks</b>
Training Date(s):	<input type="text"/>	<b>2. Resume/bio of presenter(s)</b>
Training Site (Please give full address):	<input type="text"/>	<b>3. Marketing materials (brochures, email blasts, etc.) List CE's as pending.</b>
		<b>4. Copies of presentations and handouts that will be used.</b>
Is the site ADA accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Training Objectives (if more space is needed, submit extra pages as necessary):

Did you invite participants outside of BBH employees to attend?   ☐ Yes   ☐ No

Number of CE's requested:

Please check the type of CE's you are requesting.  
(You may select more than one)

- ☐ Social Work
- ☐ LPC
- ☐ Addiction and Prevention

Estimated number of participants needing CE'S:

**Office Use Only**

Training Approved?   ☐ Yes   ☐ No

Reason?